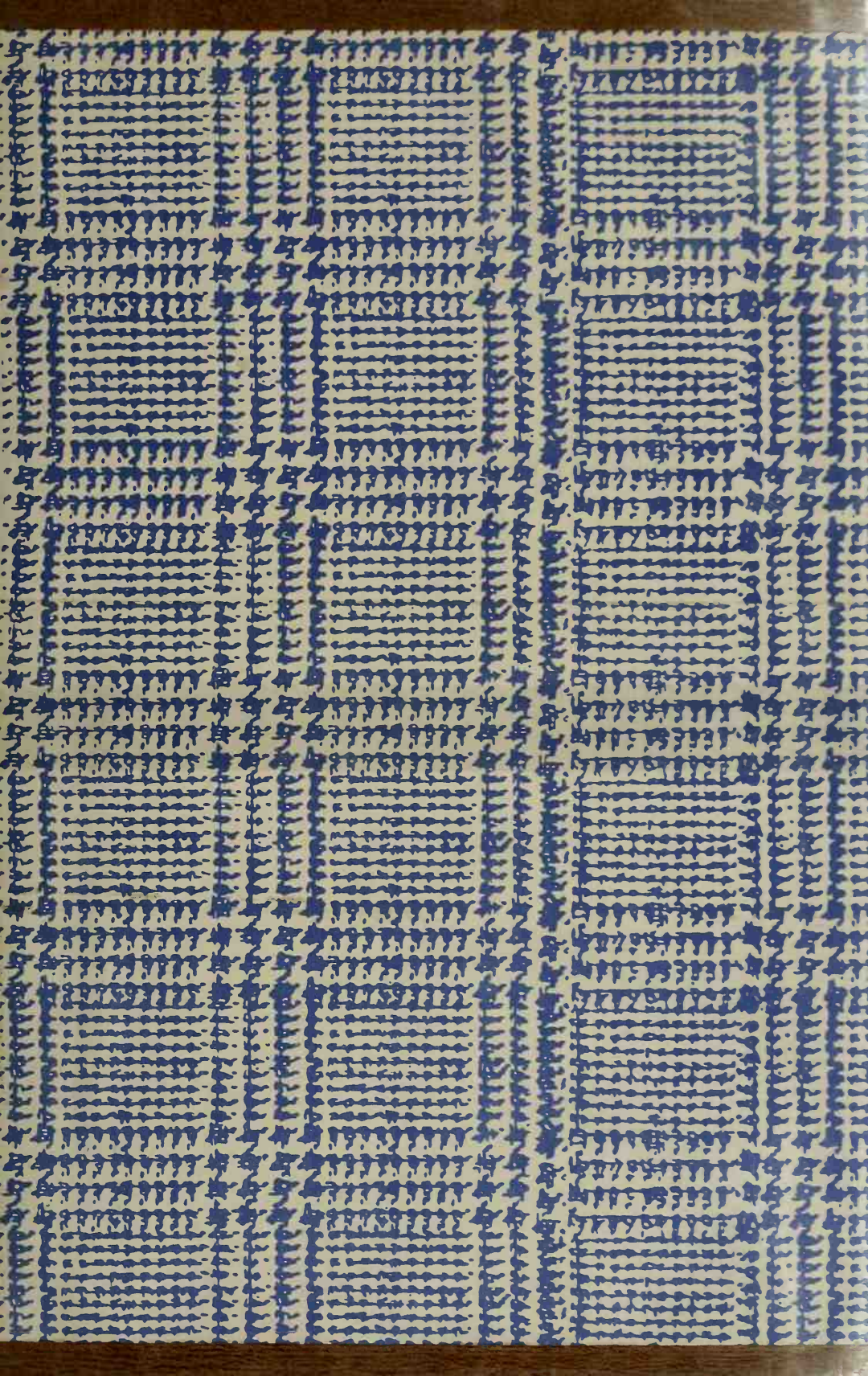

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THE NEWS LETTER

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In Memoriam

IN THE death of MRS. WILLIAM B. RICE, Honorary Vice-President of the National Committee for the Prevention of Blindness, all interested in any phase of preventing blindness and saving sight have indeed lost a friend. Mrs. Rice was one of the small group that, in 1908, saw the necessity for a state organization for the prevention of blindness. She was a charter member of the national organization that grew out of the activities of the New York State Committee.

Until very recent years she took an active part in the work of the Committee. Failing health alone prevented her from continuing, but her interest never lagged. At the age of 85 she goes to a well-earned rest.

"Future generations will rise up and call her blessed."

AMERICAN HEALTH CONGRESS

Arrangements are practically complete for the American Health Congress announced in the October issue of THE NEWS LETTER to take place at Atlantic City, May 17–22, 1926. This will be the first time that the organizations making up the National Health Council have brought their members together in a common gathering to observe the advance of their work.

To consider common interests there will be four general sessions. The first of these will be addressed by Sir Arthur Newsholme, K.C.B., M.D., F.R.C.P., whose dreams of the Ministry of Health and its realization form the public health history of Great Britain during the last 40 years.

The second general session will be devoted to the definition and discussion of public health. Among the principal speakers will be Prof. C.-E. A. Winslow, President of the American Public Health Association. "Is Public Health Improving the Race?" will be the subject presented by Dr. Ray Lyman Wilbur, President of Leland Stanford University, at the third session.

Dr. George E. Vincent, President of the Rockefeller Foundation, and Dr. Alice Hamilton, Assistant Professor of Industrial Medicine, Harvard Medical School, will speak on the different phases of international health work at the final general session.

Each of the member organizations of the Council has arranged a special program. An exhibit of material will be held on the Steel Pier.

The American Social Hygiene Association and the National Committee for the Prevention of Blindness will conduct a joint program on the relation of venereal diseases to vision impairment in the new born, during the American Health Congress on May 20, from 2 to 5 P. M.

The speakers whose names will appear on the program are Professor Thomas B. Holloway, of the University of Pennsylvania, who will develop the question from the standpoint of an ophthalmologist; Professor John H. Stokes of the University of Pennsylvania, who will discuss syphilitic infections in the same general way, featuring the relationship between this disease and blindness, emphasizing the social care required; Dr. Julius Levy, Director of Child Hygiene of the State of New Jersey, will follow with his wide experience in supervision of midwives in the State of New Jersey.

The fund was established to be used
by the Missouri Association for the Blind

The discussion will be opened by the State Health Officers of New York and Alabama, and will be followed by social workers in the various fields.

The Conference of State and Provincial Health Authorities of North America will hold its annual meeting May 21–22; Dr. F. B. Royer, Medical Director of the National Committee for the Prevention of Blindness, will speak on "The Need of Epidemiological Research on Trachoma."

The Educational and Publicity Section of the American Public Health Association will hold a meeting on May 19 on popularizing health education. At this a clinic on methods and materials for popularizing public health education will be conducted.

Samples of printed matter of any type and written statements of plans and problems and other questions should be submitted by the first of May to Raymond S. Paterson, State Department of Health, Trenton, New Jersey. Those who submit printed matter should state whether or not they can supply 200 copies of each specimen to be distributed to the audience. An address at Atlantic City for sending the 200 copies will be sent to those who submit samples.

A small number of rooms has been reserved at Hotel Denis for assignment to those who wish to apply to the National Committee for the Prevention of Blindness.

THE LESLIE DANA MEDAL

Mr. Leslie Dana, on retiring as Chairman of the Missouri Commission for the Blind in 1925, established a special fund to be utilized by the Missouri Commission for the annual purchase of the Leslie Dana medal for the Prevention of Blindness, the award to be made by the National Committee for the Prevention of Blindness in coöperation with the Missouri Commission for the Blind under the following conditions:

a. Long meritorious service for the conservation of vision in the prevention and cure of diseases dangerous to eyesight.

b. Research and instruction in ophthalmology and allied subjects.

c. Social service for the control of eye diseases.

d. Special discussions in the domain of general science or medicine of exceptional importance in conservation of vision.

As THE NEWS LETTER goes to press the announcement is made that the medal will this year be awarded to Louisa Lee Schuyler, LL.D., whose social service in prevention of blindness makes her the outstanding figure in this field.

A full account of the award will appear in the next issue of THE NEWS LETTER.

OPHTHALMIA NEONATORUM (BABIES' SORE EYES) AS A CAUSE OF BLINDNESS

THE NEWS LETTER is indebted to the American Foundation for the Blind for the following table of statistics regarding ophthalmia neonatorum as a cause of blindness among pupils in schools and classes for the blind for the school year 1924–1925. It is encouraging to note that the percentage is continuing to decrease. This table shows the lowest yet attained, 11.5 percent.

PROPORTION OF PUPILS BLIND FROM OPHTHALMIA NEONATORUM IN FIFTY-SEVEN SCHOOLS AND CLASSES FOR THE BLIND—1924–1925

Schools	Total Pupils 1924–25	Total Pupils Blind from O. N.	Per-cent	New Admis-sions 1924–25	New Pupils Blind from O. N.	Per-cent
Arizona School for the Blind	8	0	0.0	30	0	0.0
Arkansas School for the Blind	100	21	21.0	21	2	9.5
California School for the Blind	105	29	27.6	15	3	20.0
Colorado School for the Deaf and Blind	70	15	21.4	16	4	25.0
Connecticut School for the Blind	59	6	10.1	11	1	9.0
Florida School for the Deaf and Blind	63	..	10.0*	12	2	16.6
Idaho State School for the Deaf and Blind	24	3	12.5	7	0	0.0
Illinois School for the Blind	232	58	25.0	26	4	15.3
Indiana School for the Blind	138	22	15.9	22	7	31.8
Iowa College for the Blind	124	28	22.5	14	2	14.2
Kansas School for the Blind	118	25	21.1	13	1	7.6
Kentucky School for the Blind	108	35	32.4	10	7	70.0
Louisiana State School for the Blind	80	6	7.5	7	2	28.5

* Approximately

PROPORTION OF PUPILS BLIND FROM OPHTHALMIA NEONATORUM IN FIFTY-SEVEN SCHOOLS AND CLASSES FOR THE BLIND—1924–1925—(*Continued*)

Schools	Total Pupils 1924–25	Total Pupils Blind from O. N.	Per-cent	New Admis-sions 1924–25	New Pupils Blind from O. N.	Per-cent
Louisiana School for the Negro Blind	25	3	12.0	6	2	33.3
Maryland School for the Blind	101	20	19.8	16	0	0.0
Maryland School for the Colored Blind and Deaf-Mutes	29	1	3.4	4	0	0.0
Massachusetts School for the Blind and Perkins Institution	297	54	18.1	36	6	16.6
Michigan School for the Blind	182	5	2.7	28	0	0.0
Minnesota School for the Blind	128	22	17.1	34	3	8.8
Mississippi School for the Blind	80	12	15.0	8	0	0.0
Missouri School for the Blind	128	29	22.6	20	2	10.0
Montana School for the Deaf and Blind	17	3	17.6	3	1	33.3
Nebraska School for the Blind	62	2	3.2	13	0	0.0
New Mexico School for the Blind	84	28	33.3	16	5	31.2
New York Institute for the Education of the Blind	119	22	18.4	24	2	8.3
New York State School for the Blind	178	32	17.9	21	2	9.5
North Carolina School for the Deaf and Blind (White)	174	15	8.6	30	3	10.0
(Colored)	88	6	6.8	..	..	..
Ohio State School for the Blind	280	75	26.7	37	2	5.4
Oklahoma School for the Blind	132	37	28.0	18	7	38.8
Oregon State School for the Blind	47	1	2.1	9	0	0.0
Pennsylvania Institution for the Instruction of the Blind	241	64	26.5	28	6	21.4

PROPORTION OF PUPILS BLIND FROM OPHTHALMIA NEONATORUM IN FIFTY-SEVEN SCHOOLS AND CLASSES FOR THE BLIND—1924–1925—(*Continued*)

Schools	Total Pupils 1924–25	Total Pupils Blind from O. N.	Per-cent	New Admis-sions 1924–25	New Pupils Blind from O. N.	Per-cent
Western Pennsylvania School for the Blind	138	41	29.7	20	1	5.0
South Dakota School for the Blind	36	6	16.6	5	0	0.0
Tennessee School for the Blind	161	23	14.2	33	1	3.3
Texas School for the Blind	217	43	19.8	36	3	8.3
Utah School for the Deaf and Blind	32	2	6.2	11	1	9.9
Virginia School for the Deaf and Blind	74	16	21.6	15	2	13.0
Washington State School for the Blind	74	6	8.1	14	1	7.1
West Virginia School for the Deaf and Blind	77	17	22.0	15	3	20.0
Wisconsin School for the Blind	133	30	22.5	27	0	0.0
Total	4,563	863	18.9	731	88	12.0
CLASSES						
California—Los Angeles	31	6	19.3	12	4	33.3
Georgia—Atlanta	7	1	14.2	0	0	0.0
Illinois—Chicago	52	16	30.7	7	0	0.0
Louisiana—New Orleans	9	0	0.0	2	0	0.0
Michigan—Detroit	25	10	40.0	9	0	0.0
Minnesota—Duluth	4	2	50.0	..	..	..
Minneapolis	22	4	18.1	7	0	0.0
New Jersey, Newark	22	5	22.7	2	0	0.0
Paterson	11	1	9.0	2	0	0.0
New York—Buffalo	7	1	14.2	..	..	..
New York	100	20	20.0	8	0	0.0
Ohio—Cincinnati	17	4	23.5	4	0	0.0
Cleveland	38	8	21.0	8	0	0.0
Toledo	10	0	0.0	4	0	0.0
Youngstown	8	0	0.0	3	0	0.0
Washington—Seattle	5	0	0.0	..	..	..
Wisconsin—Milwaukee	15	3	20.0	1	0	0.0
Racine	6	2	33.3	0	0	0.0
Total	389	83	21.3	69	4	5.8
Grand Total	4,952	946	19.1	800	92	11.5

TRACHOMA STUDY

The National Committee for the Prevention of Blindness has invited six ophthalmologists, either known to be actively interested in the prevention of trachoma or directly associated with the Committee's activities, to go into the Indian section of Oklahoma to study this disease, following the meeting of the American Medical Association in Dallas, Texas.

Preliminary plans have been made, in coöperation with the Hon. Charles H. Burke, Commissioner of Indian Affairs, to have the Indian Service doctors assemble a large number of cases in every stage diagnosed as trachoma, and the Committee's plans are to carry these ophthalmologists back to as many of the homes of the afflicted Indians as may readily be reached so that a correct opinion may be developed concerning the relationship of environment to this disease, all looking toward the working out of better methods for the extermination of trachoma.

TRACHOMA AMONG THE NORTH AMERICAN INDIANS

The following letter, sent by Dr. L. Webster Fox to the editor of *The Journal of the American Medical Association*, will be of general interest:

"To the Editor: In the *Journal*, February 6, appears my paper on this subject, followed by an elaborate discussion, the latter carrying the inference that the program outlined by the Department of the Interior through its Indian Bureau did not admit of practical application. The reports of the Bureau since those remarks were made have shown accomplishments decidedly in advance of what were anticipated, and I take this opportunity to ask that you give publicity to the additional facts supplied to me by Assistant Commissioner Merritt. In the declining days of 1925 he informed me that in 1925 some 68,223 Indians were examined for trachoma, of whom 14,036 were found to have the disease. There were performed 8,455 operations, and 5,581 cases were treated otherwise. This represents only the trachoma work of the special physicians detailed for this purpose. All the Indian Bureau's physicians took part in the program, but their reports are not as yet available. Our contention that the Indian Bureau was the proper source from which to attack this problem seems to be justified by their results. The assumption that it is a problem belonging to the adjacent white communities is an acknowledgment of helplessness. The great bulk of cases that may be approached through the Bureau points the way to the solution of the problem.

"The need of hospitals well equipped with nurses must not be overlooked.

"L. Webster Fox, M.D., Philadelphia."

NEWS OF SIGHT-SAVING CLASSES

As announced in the February NEWS LETTER, courses for supervisors and teachers of sight-saving classes will be given at the University of Cincinnati, Cincinnati, Ohio, June 21–July 31, 1926. Particulars may be obtained from the University or from the National Committee for the Prevention of Blindness, 370 Seventh Avenue, New York.

April brings from the press the long-hoped-for publication, *Methods of Teaching Sight-Saving Classes*. This was prepared at the request of many teachers desiring very definite help in this still new type of specialized education. The author, Miss Estella Lawes, is particularly well fitted to prepare this material because of her very wide knowledge of the subject, her close contact with the work as supervisor of sight-saving classes and her experience in giving courses in methods of teaching. The book is published by the National Committee for the Prevention of Blindness, 370 Seventh Avenue, New York.

At the close of the year 1924 there were 205 sight-saving classes in the United States, representing 15 states and 55 cities. During 1925 the number of classes was increased to 234. Since the beginning of the year, 8 new classes have been established, bringing the number on April 1, 1926, to 242, representing 15 states and 67 cities.

The National Committee for the Prevention of Blindness held an exhibit of sight-saving class material at the annual meeting of the Department of Superintendence, National Education Association, Washington, D. C., February 21–25, 1926.

Miss Estella Lawes, Sight-Saving Classes, Cincinnati, was in charge of the exhibit, which included a large number of posters demonstrating the care of the eyes; material used in sight-saving classes—large type books, specially prepared maps for geography and history lessons, examples of motivated handwork, together with large photographs showing classes actually at work. The

exhibit further included specimens of work of the children in sight-saving classes as well as a lighting unit of the type found efficient. This was installed through the courtesy of a local lighting company.

The exhibit attracted considerable attention and 6,000 bulletins were distributed.

A GOOD POSTER

There recently appeared in *Safety Engineering* (February, 1926) a very good poster,—"An Eye, a Hand, a Foot Are Priceless. Ask the Man Who Has Lost One."

SWIMMING POOL CONJUNCTIVITIS

The Berlin correspondent of the American Medical Association sent to the *Journal* the following interesting news regarding swimming pool conjunctivitis:

"In the *Berliner Verein für Schulgesundheitspflege*, Prof. Dr. Comberg of Berlin discussed swimming pool conjunctivitis. It was first observed in Berlin in 1899. In 1919 forty-six cases developed among patrons of the Neukölln city baths. The disease manifests itself in the following manner: A few days after exposure in the swimming pool, one eye becomes red and swollen. This condition is accompanied by lacrimation and a slight narrowing of the palpebral fissure. The follicles of the lower lid are swollen, and, in severe cases, the same condition occurs in the upper lid. Only the conjunctiva is affected. Ulcers do not occur. The infection lasts usually only a few weeks, yielding to treatment. Patients are often unaware of the condition. In 1919, of 250 bathers at the Neukölln swimming pool, Comberg found ten affected with the disease, unknown to themselves. Since 1919, 416 cases have been observed. However, during the last nine months, prophylactic measures have been instituted in all the swimming pools of the city, and no new cases have developed, although recurrences in former patients have been noted.

"Prof. Dr. Seligmann of Berlin discussed the prophylactic measures that have been employed. Daily treatment of the water with chlorine gas has been effective. Every few days, the water of the pools is subjected to a chemical, bacteriologic and biologic examination. In addition to disappearance of the conjunctivitis, an indirect hygienic advantage is that it is now unnecessary to change the water daily. This saves time and money, so that the price of baths has been reduced."

NEWS FROM THE STATES

ARIZONA

The Division of Child Hygiene of the Department of Health of Arizona, in coöperation with the working out of the Shepherd-Towner Act, has issued a very important pamphlet in Spanish on the prenatal care of the expectant mother and the post-natal care of both mother and child. Very definite instructions are given for the protection of the babies' eyes, "any person attending the birth of a child is obliged by regulation of the State Department of Health to put drops into the baby's eyes." The bulletin sums up its message in a very pertinent statement: "It is not the number born that is important, but, rather, the number who grow into happy and efficient men and women."

MICHIGAN

The Department of Sight-Saving Classes prepared the material for the February issue of the *Sight-Saving Class Exchange.* Much favorable comment has been received on this issue, "The Detroiter."

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The Michigan Tuberculosis Association reports that among 3,646 children examined, 9.3% were suffering from eye difficulties.

NEW JERSEY

A conference of superintendents and supervising principals was held in Atlantic City June 21–26, 1926.

A few extracts from the report of these meetings follow:

"In West Hoboken, the nurses examined all pupils in the schools during the year and were assisted by doctors and dentists. All pupils found to have physical defects were inspected weekly until the defects were cured or a note from the family physician or dentist was received saying that all possible was done in the case. Sixty-seven children found to have defective vision were fitted with glasses, mostly at their own expense. Where such expense could not be afforded, children were sent to a specialist who did the work for the patients recommended. Glasses so ordered were paid for out of a fund collected at Thanksgiving time from the pupils for various purposes. To avoid pauperizing, we asked that the pupils pay for their glasses on the installment plan."

The following objectives were given for promoting an efficient health program:

1. Secure more public confidence in a health program by having a medical man on the State Board of Education.

2. Have the medical man in the state department have direct charge of the medical inspectors, and if possible make it mandatory to have nurses in all schools.

3. Have medical examinations instead of medical inspections.

4. Have definite time set when medical examinations must be made and when following-up work must be done.

5. Have the doctor in the department hold a public campaign so that all agencies working for health may work toward a common goal and not duplicate efforts.

6. Give state aids for nurses, medical inspectors and dental clinics, the same as state aid is given for teachers or for manual training.

7. Work toward a state vaccination law. Don't leave this to the local boards.

NEW MEXICO

The following report comes from the Director of the Bureau of Public Health, Santa Fe.

For First Six Months of 1925:

Total births reported 4,846
Number failing use of prophylactic 1,193
(Most of these were midwives or neighbor women. The largest proportion were among the latter.)

NEW YORK

The National Committee for the Prevention of Blindness has been coöperating with the University of the State of New York in arrangements for a course of lectures on Eye Hygiene in the ten normal schools of the state.

Dr. Emily A. Pratt, Eye and Ear Specialist of the Medical Inspection Bureau of the University, has conducted these courses, which consist of three parts. The first covers the anatomy and physiology of the eye; the second, methods of testing for visual acuity; and third, demonstration.

The program has been completed in New Paltz, Cortland, Oneonta, Geneseo, Brockport, Oswego, Buffalo and Fredonia. The remaining normal schools, those at Potsdam and Plattsburg, will have the course given directly following the Easter vacation.

The Committee hopes that this work will be considered as a demonstration of what might be undertaken in normal schools and other teacher training institutes throughout the country and

that similar courses may be made a definite part of the curriculum so that teachers in preparation will have an understanding and appreciation of their responsibility in caring for the eyes of their pupils.

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In outlining its health work in the rural schools for 1925–26 the Cattaraugus County Health Demonstration took up a different phase for special study each month. In February particular attention was given to the subject of eyes and the conservation of vision among school children.

Upon the invitation of the Demonstration the Assistant Secretary of the New York State Committee for the Prevention of Blindness spent the first two weeks of the month in Cattaraugus County. The program, which was planned so as to reach all sections of the community, was arranged well in advance by Miss B. B. Randall, Supervisor of Nurses in the Rural Schools. Conferences were held with officials of the Demonstration, public health and rural school nurses, and lectures were given to various interested groups. The audiences included nurses' conferences, nursing committees, farm bureaus, teacher training classes and high school assemblies. Demonstration talks were also given to children in the rural schools.

A bulletin of the Cattaraugus County Board of Health lists among a few of the out of ordinary services given by the nurse this very important entry,—"Sent to a physician, a woman going blind from venereal diseases, ignorant as to cause and supposing there was no hope for her eyes; her sight was saved."

PENNSYLVANIA

The Federation of Lions Clubs in Pennsylvania, as a part of the national movement by the parent organization, has set aside the sum of $6,000 to be utilized in Pennsylvania in the interests of the blind and in the prevention of blindness during the current year.

The work will be unique from the standpoint of public propaganda in that Senator Lanius, for 14 years a representative in the Pennsylvania Legislature, will be kept continuously in the field speaking in programs arranged for him by the various Lions Clubs.

The National Committee for the Prevention of Blindness is coöperating with the Pennsylvania Association for the Blind in carrying out the preventive side of this program.

The loss of eyes in industrial accidents cost the employees of Pennsylvania more than $800,000 during the past year and more than $8,000,000 since the enactment of the State Workmen's Compensation Law.

Pennsylvania has paid more in compensation for the loss of eyes than for all accidents caused in the loss of legs, arms and hands combined.

This is the economic side of the question. The humanitarian side shows that the industrial toll of eyes in this state for last year was 538, bringing the number to 5,855 since the Workmen's Compensation Law was enacted.

BOOKS AND ARTICLES OF INTEREST

THE CHALLENGE OF CHILDHOOD. STUDIES IN PERSONALITY AND BEHAVIOR. Ira S. Wile, New York: Thomas Seltzer, 1925. 305 p. Dr. Wile, in his second chapter, "Intellectual Problems," discusses one of his young patients, who was considered an intellectual problem, and shows how the child's eyesight affected his behavior. After his visual defect was corrected, he became a normal youngster. In discussing this child, Dr. Wile says:

"This should suffice to indicate the extreme importance of careful examination of vision and hearing at the earliest opportunity. It is obvious that to be educable a child must possess, not only an intellect capable of receiving and interpreting sensory impressions, but sense organs capable of registering objective phenomena adequately and correctly. Eyes and ears are of the utmost importance to education, and their functional potentials should be determined if possible before regular grade attendance is begun. Group testing of eyes and ears is practically impossible, and even when all children are given a routine medical examination before entering school, some further provision must be made to secure visual and auditory tests to supplement the facts ordinarily sought. From an educational point of view, the discovery of myopia, hyperopia, astigmatism, nystagmus, trachoma, and similar ocular disturbances is more valuable and significant than noting enlarged tonsils, lateral curvature, flat foot, enlarged glands, non-contagious diseases of the skin, and many other defects that condition child's health.

"When a child first enters school he should be physically prepared for all that education entails and imposes on him. People who insist that children should always enter school with a sound body too often fail to include sound eyes and ears as essentials of the sound body. Yet the eyes and ears are the guides of the body and the portals to the mind."

Physical Findings in Problem Children. William E. Carter, M.D. *Mental Hygiene*, January, 1926. Published by the National Committee for Mental Hygiene, New York City. This article is derived from Child Guidance Clinic No. 1, Los Angeles, California, a demonstration conducted from January, 1924, to January, 1925, by the National Committee for Mental Hygiene, Division on Prevention of Delinquency. It is based on the study of 300 problem children. Regarding ocular defects, the author gives the following:

"Forty-three, or 14 per cent, of these children had defects of sight. A number of those in whom this defect had not been previously recognized were found to be in lower grades in school than their ages and mental capacity warranted. It appears probable that an earlier recognition and correction might have prevented this misplacement.

"Strabismus was observed in 13 instances (4 per cent). This disorder, like most objective physical disorders, undoubtedly enters as a factor in misconduct more frequently than is usually recognized. These children feel keenly the coarse humor of their fellows, and not uncommonly they develop defense reactions which get them into trouble."

Reasons for the Early Treatment of Squint. M. F. Weymann, M.D. *California and Western Medicine*, March, 1926. Published by California Medical Association, San Francisco, California. Dr. Weymann concludes his admirable article with the statement that "for the best welfare of the patient, the treatment of squint should begin as soon as the squint is discovered, and the reasons for this are based upon sound physiological principles."

Protect Your Child's Eyes. Arthur J. Bedell, *Hygiea*, February, 1926. Published by the American Medical Association, Chicago, Ill. This article, written for popular consumption, mentions the many different ways children can harm their eyes during play. It is accompanied by a series of attractive illustrative photographs.

Sight Saving Classes for School Children. Helen J. Coffin, *Hygiea*, March, 1926. Published by the American Medical Association, Chicago, Ill. The author discusses the procedure followed in the sight saving classes in Cleveland, Ohio.

The Russell Sage Foundation. John M. Glenn. *The World's Health*, March, 1926. Published by the League of Red Cross Societies, Paris, France. The author gives a thorough review of the work undertaken by the Russell Sage Foundation since its inception in 1907. Among its work was the development of the National Committee for the Prevention of Blindness, to which the Foundation made grants for a number of years.

Seasickness. P. H. Desnoes, M.D., *The Journal of the American Medical Association*, January 30, 1926. Published by the American Medical Association, Chicago, Ill. Under a special subheading, "Eyestrain as a Factor," the author states that eye muscle fatigue, with resulting imbalance of the eye muscles, often follows the attempt on the part of the travellers to watch the waves for long periods. This condition, known as ocular vertigo, manifests itself by dizziness and headaches, horizontal nystagmus, and later by reflex nausea and vomiting. He states further: "However, eyestrain as a cause of seasickness cannot explain all cases. Blind persons get seasick, and even some passengers who, immediately on boarding a ship, go to bed and thereafter remain in a darkened stateroom, are not immune."

Reading and Writing for the Recumbent. John Alexander, M.D., *The Journal of the American Medical Association*, January 30, 1926. Published by the American Medical Association, Chicago, Ill. This brief article appears under the department of "Clinical Notes, Suggestions and New Instruments," of the *Journal*. The author provides an illustration of a special bookrest which will hold large or small books or magazines in almost any position. The following is the description given: "The universal adjustability of the reading board makes it easy to keep the page at exactly the proper angle with the eyes and so to eliminate eyestrain. A simple arrangement for holding the book permits the leaves to be turned with one hand. The whole bookrest is attached to the bedpost by a felt-lined clamp and when not in use may be folded and swung to a side."

Among the news notes contained in the March 27th issue of *The Journal of the American Medical Association* is one indicating the physical defects of Freshmen at the University of Kentucky, Lexington. Among 512 males, 236 showed defective vision and of 325 women, 202 showed defects of vision.

Trachoma Among the Indians. L. Webster Fox, *Hygiea*, February, 1926. Published by the American Medical Association, Chicago, Ill. In an illustrated article, Dr. Fox gives some of his personal experiences in his trachoma work among the Indians. He discusses the psychology of the American Indian, as well as the environmental and physical influences which effect the spread of trachoma among them.

Trachoma: Suggestions as to Diagnosis, Etiology and Treatment. J. A. Stucky, M.D., *Southern Medical Journal*, February, 1926. Published by the Southern Medical Association, Birmingham, Ala. The following is the opinion expressed by the author regarding the etiology of trachoma:

"I believe that genuine trachoma will eventually be proven a deficiency disease, a term which is sanctioned by custom and

embraces disorders due to faulty or ill-balanced food. In addition to the results of feeding experiments with guinea-pigs, rats, mice, rabbits and monkeys, as given in the writings of McCollum, McGarrison, Osborne and Daniels, Clarke reports the results of feeding in the production of lymphoid tissue in cats. Adenoids and tonsils could be made to increase in size, by a certain diet, and were reduced by a change in this diet.

"G. H. Bell (*Archives of Ophthalmology*, Feb., 1924) shows conclusively the influence of diet in many clinical cases of corneal ulcer, keratomalacia, headache, glaucoma, choroiditis and other ocular diseases.

"The same positive opinion or statement can be made of trachoma. If a method of feeding can result in producing a glaucoma or keratomalacia, why may not an injudicious and insufficient feeding combined with insanitary living produce trachoma? My observation from a clinical (not laboratory) standpoint is that these are the chief factors."

THE RÔLE OF EYE STRAIN IN THE PRODUCTION OF HEADACHE. George S. Derby, M.D. *Quarterly Bulletin* of *the Vermont State Medical Society*, January, 1926. Published by the Vermont State Medical Society at St. Johnsbury, Vermont. This article, which was a part of the symposium given at the Annual Meeting of the Vermont State Medical Society in Burlington, discusses the relationship between the general practitioner and the ophthalmologist in dealing with the question of headache and eye-strain. The following is a recapitulation of his remarks: "Real and annoying headache often occurs in connection with anomalies of the eyes. It is, however, not nearly as frequent as the laity and average general practitioner seems to believe.

"A patient with a long history of ocular attention, with frequent changes of glasses, should be regarded with suspicion. The oculist must always consider the factors outside his specialty when he gets such a patient. He must remember that severe ocular pain occurs in sinusitis, migraine, trifacial neuralgia and in nervous instability, that it only occurs in the eyes when there is an ocular inflammation present. Headache is found in many general medical conditions.

"He is not justified in prescribing glasses in slight refractive errors and muscular anomalies, or changing slightly an existing glass. He must look at the broader medical aspect of the case and endeavor in this way to pilot the patient into the right channel."

EXPERIMENTS HELP ANSWER QUESTION: "HOW DO WE SEE?" Frank Allen. *The Nation's Health*, January, 1926. Published by the Modern Hospital Publishing Company, Chicago, Ill. The author, who is professor of physics, University of Manitoba,

presents a scholarly discussion. His experiments have been with a new tricolor spectrometer devised by him, which brings three spectra into the same eyepiece so that the colors of each may be viewed either singly or in pairs, or triads, as desired. Through this, the retina may be stimulated by one, two, or three colors, and so permit the exact retinal effects of color mixtures to be determined. With the aid of this invention, Dr. Allen has been able to show that vision is not the mere photographic reproduction of objects seen on the sensitive retina of the eye. "The fundamental sensations of light impulse, registered first in the visual centers of the brain, are relayed back to the retina, sensitizing both eyes. Thus we see that color perception is achieved not merely by direct vision but in part by reflex support."

Full Vision Bifocal Operating Spectacles. Myron Metzenbaum, M.D. *The Journal of the American Medical Association*, January 16, 1926. Published by the American Medical Association, Chicago, Ill. Under the section, "Clinical Notes, Suggestions and New Instruments," a description and illustration of full vision bifocal operating spectacles are given. Its use is especially recommended for the ear, nose and throat specialist whose offices are usually made up of several units and who goes from one patient to another. "During an examination the additional frame is lowered, giving a full field near vision, and it is raised when walking to the next patient."

The Needs of the Blind and the New Colorado Law. Edward Jackson, M.D. *Colorado Medicine*, March, 1926. Published by the Colorado and Wyoming State Medical Societies, Denver, Colorado. In discussing the possibility of a complication of eye conditions, the author points out the necessity of treating each condition. He states: "An eye may have cataract, but it may also have glaucoma or optic atrophy so that removal of the cataract will be of no benefit whatever. This point is just as important as the existence of the cataract; for the law provides that 'in cases where the blindness of the applicant can be removed, wholly or substantially, by medical or surgical treatment, relief shall consist only of payment of necessary expenses of such treatment.'"

Mechanism of Accommodation Confirmed by Experimental Data. P. Obarrio, M.D. *American Journal of Ophthalmology*, February, 1926. Published by the Ophthalmic Publishing Company, Chicago, Ill. The following is a terse abstract of this article, supplied by the Journal in which it appears:

"Beginning with the statement of the theories of Helmholtz and Tscherning as to the mechanism of accommodation, the anatomy and histology of the crystalline lens and related parts

are cited to support the latter. The strong suspensory ligament transmits traction from the ciliary muscle to the lens capsule. The strong posterior capsule and its proximity to the resistant nucleus fixes the posterior pole of the lens and the peripheral cortex is compelled to move forward. Displaced aqueous escapes through Schlemm's canal." This paper was presented at the meeting of the California Medical Association, 1925.

Milk Injections in Ophthalmic Cases. Ira E. Gaston, M.D. *American Journal of Ophthalmology*, February, 1926. Published by the Ophthalmic Publishing Company, Chicago, Ill. There has been much written of late on milk cure in ophthalmic cases. The author in discussing his experience as well as others, feels that the therapeutic value seems best established with reference to acute inflammatory conditions of the anterior segment of the eye, particularly infections following perforating injuries in operations.

Eye Damage in General Anesthesia. *British Journal of Ophthalmology*, February, 1926. Published by George Pulman & Sons, Ltd., London, England. Commenting on a recent article appearing in the *British Journal of Anæsthetics* (October, 1925), the editor is of the opinion that mild conjunctivitis and more serious complications sometimes resulting from the use of an anesthetic are due to the fact that the anesthetist does not leave the eye sufficiently alone. During the administration of the anesthetic, care should be taken that the eyes are properly closed. In certain abdominal operations, when the head is the lowest part of an inclined plane, it would be possible for a small pool of anesthetic liquid to form in the hollow of the orbit and harm the eye.

The importance of observing the greatest care to prevent such complications needs no emphasis, since not only may it in milder cases cause temporary discomfort to the patient when he is most likely to be irritable, but in severer cases it may even cause damage to the eye.

The Result of Treatment by Artificial Light on Phlyctenular and Other Tuberculous Lesions of the Eye. A. B. Nutt. *British Journal of Ophthalmology*, March, 1926. Published by George Pulman & Sons, London, England. Discussing the effect of light treatment in many diseases, the author quotes Wells: "Nothing is so injurious as to confine the patient to the dark on account of photophobia, for in this way the eye will become so sensitive that no light will be borne." The author himself gives the following picture: "The typical picture of many cases of phlyctenules with their frequent relapses and intractableness to treatment is well known. The patients treated by exposure to the mercury vapor lamp in every case

show marked improvement; the stoop in their attitude begins to disappear, they become generally more robust and their appetites improve. The child who comes under treatment weak and anemic, irritable, crying whenever touched, burying its head in its mother's lap, soon becomes happier and stronger, and the appetite improves. The blepharospasm and lacrymation disappear, the skin looks healthier, and the older ones will tell you that they are feeling better in themselves and that their eyes have been more comfortable since they started to have 'sunshine.'" Dr. Nutt describes a number of cases.

Venereal Disease in Children and Its Prevention. Mary Douie. *National Health*, March, 1926. Published by National Health, London, England. In her discussion, the author devotes several paragraphs to eye involvement of venereal diseases. She quotes Bishop Harman's statistics, and states: "The latest returns show an increase in the number of cases (ophthalmia neonatorum) over the earlier returns, but it is difficult to determine whether this is due to an increase in the incidence of the disease—or to more accurate diagnosis and greater zeal in notification. Even if there is no evidence of any reduction in ophthalmia neonatorum, it is most satisfactory to find so great a reduction in the blindness due to it."

In discussing later signs of syphilis among children, she states: "At second dentition there are very definite lesions affecting sight and hearing. Interstitial keratitis (an inflammation of the cornea) is the principal eye trouble, which may lead to ulceration and definite scarring accompanied by complete or partial loss of vision."

Her statement on prevention includes the following: "In all cases, therefore, of suspicious discharges in a pregnant woman it is important to effect a cure if possible before labor begins. Under the rules of the Central Midwives Board, the midwife in attendance on a case is bound to call in medical help where any suspicious symptom is observed."

The Use of Tryparsamide in Patients With and Without Ocular Lesions. Lee D. Cady, M.D., and B. Y. Alvis, M.D. *The Journal of the American Medical Association*, January 16, 1926. Published by the American Medical Association, Chicago, Ill. The following are conclusions reached by the authors:

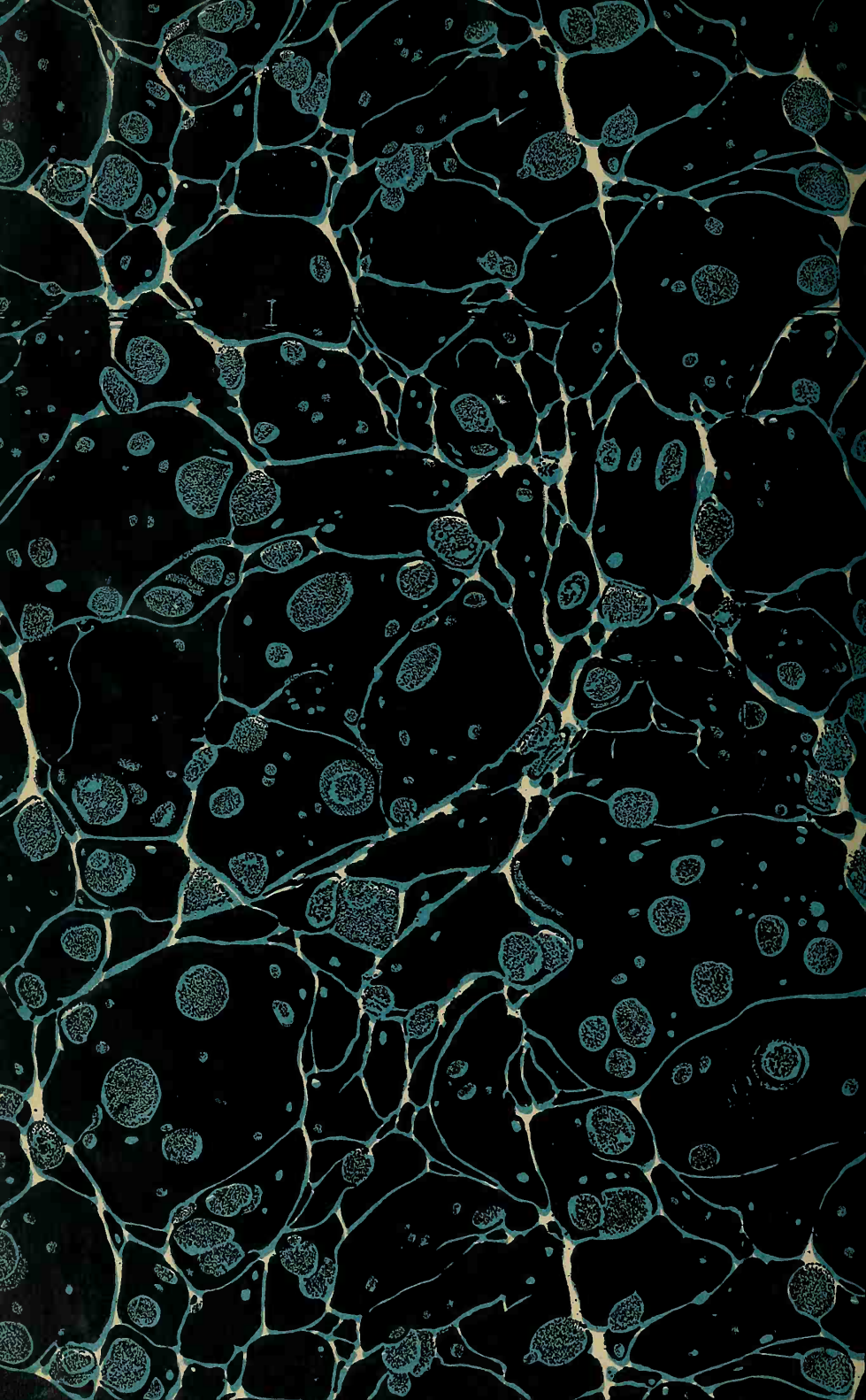
"1. Tryparsamide can be used by experienced persons with comparative safety on patients having normal optic tracts. Reasonable safety in the use of the drug for all patients requires an experience analogous to that required in special surgical procedures.

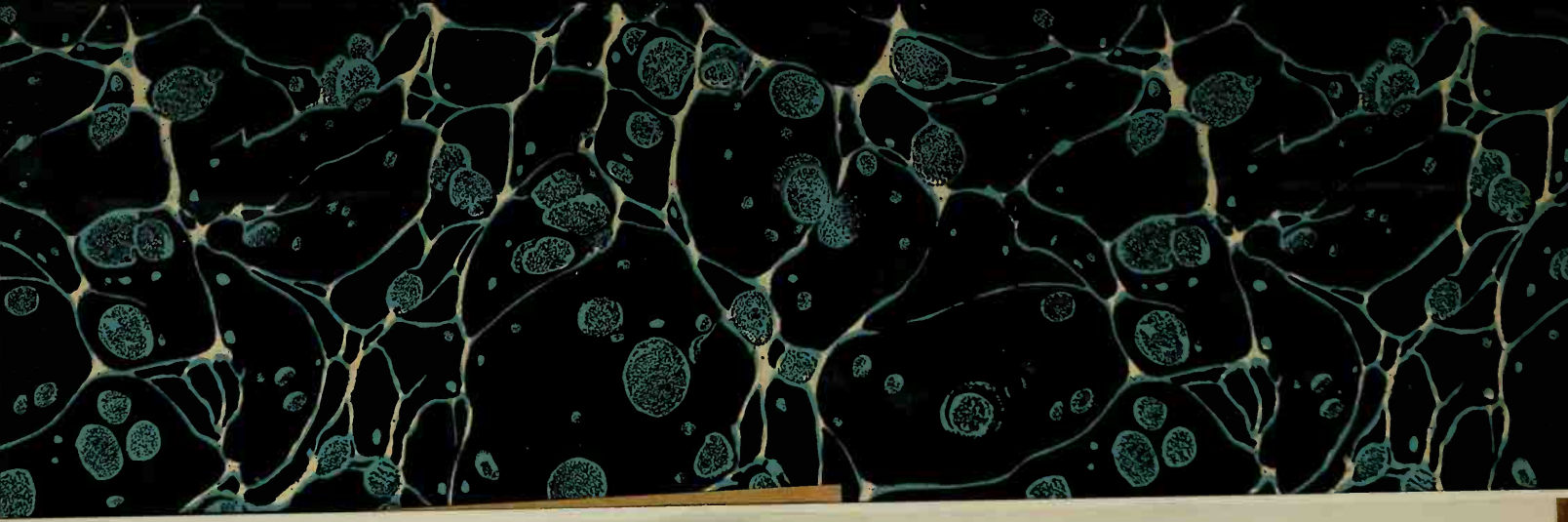
"2. Patients with optic involvement, such as contracted fields or abnormal fundi, are more liable to injury by the treat-

ment than normal patients, but show favorable response to treatment if it is properly controlled.

"3. The most important signs of adverse action of the drug on the optic tract are subjective dimness of vision, flickering or shimmering sensations, or flashes of light; also objective diminution in the visual acuity, contraction of the visual fields and changes in the fundi.

"4. The occurrence of subjective symptoms should be thoroughly investigated for an objective basis. If no objective signs are found, tryparsamide may be continued with caution. The presence of objective findings is a contraindication for further tryparsamide for at least one month, when it may usually be resumed."





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